

JAN 20 1921

CANADIAN MEDICAL AND PUBLIC HEALTH CONGRESS
VANCOUVER, B.C., WEEK OF JUNE 21st, 1920

VOL. XI

TORONTO, APRIL, 1920.

No. 4

The
Public Health Journal

RED CROSS NUMBER

Peace-time Programme of the Red Cross Society by J. G. Fitzgerald, M.B.	149
Medical Conference held at Cannes—Introductory Statement	154
Report Adopted and Presented to the Conference by the Section on Venereal Diseases	158
Report Adopted and Presented to the Conference by the Section of Tuberculosis	168
Report Adopted and Presented to the Conference by the Section of Child Welfare	170
The Red Cross and the Situation in Europe	176
Syphilis and Gonorrhoea from the Public Health Point of View by R. R. McClenahan, B.A., M.B.	177
A Plan for a More Effective Federal and State Health Administration by Frederick L. Hoffmann, LL.D (cont.)	181
Social Background Labour and Politics in the United States	184
Special Lectures for the Neighbourhood Workers' Association	185
The Provincial Board of Health of Ontario	187
News Items	189
Editorials Public Health Education	191
Public Health in New Brunswick	191
The Red Cross	194
To Sir Charles Cameron, Dublin, Ireland, by Frederick L. Hoffmann, LL.D.	195
Index for Volume X.	197

\$2.00 per annum

20 cents per copy.

189 BAY ST., TORONTO

1870

Our Golden Jubilee

1920

Buy Life Insurance Now! Why?

The high cost of living means that, for the present, money is of small value.

All authorities are agreed that, gradually normal prices will be restored.

As soon as the supply exceeds the demand, prices will begin to fall.

If you have funds on hand to-day, invest them in life insurance. This is

the day of "cheap money". By the time your policies mature it is practically certain that money will have greatly increased in value, and you will receive, for your cheap money, currency that will doubtless have a greatly increased purchasing power.

No other investment is safer and more certain of satisfactory returns than life insurance.

Decide now—increase your insurance.

THE MUTUAL LIFE OF CANADA WATERLOO - ONTARIO

A Free Course in "Salesmanship"

We have thought about the young man who sees no prospects ahead. Would you like to be in a business that will give you

- A Good Living Wage
- A Profitable Future
- A Provision For Old Age

We teach a man the Insurance Business, which offers permanent success, does not fluctuate, is a professional occupation, and has been truly named "The best paid hard work in the world."

This is done by a correspondence course and personal assistance, free of charge.

When he is fully prepared for the work, we place him in a position and help him to make good.

The first two lessons of the Company's correspondence course will be sent to anyone interested. It will pay young men who desire to get out in the world to look into this.

All correspondence strictly confidential.

CANADA LIFE ASSURANCE CO.
Head Office, TORONTO.





The Public Health Journal

VOL. XI

APRIL, 1920

No. 4

Peace-time Programme of the Red Cross Society

Read at the Annual Meeting of the Toronto Branch, Canadian Red Cross Society, January 29th, 1920, by

J. G. FITZGERALD, M.B., *Professor of Hygiene, and Director, Connaught Antitoxin Laboratories, University of Toronto, Toronto.*

As a result of the conference called by the Committee of Red Cross Societies in April, 1919, at Cannes, there has been promulgated by the League of Red Cross Societies, a peace-time programme for the organization, the object of which is:—"the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world."

The conference was attended by delegates representing Great Britain, France, Italy, Japan, and the United States. Included in their number were many of the most distinguished men of Science, in the field of Preventive Medicine. Dr. Roux, Director of the Pasteur Institute, Paris, was chairman, and Dr. Wm. H. Welch, Director of the School of Public Health of Johns Hopkins University, Vice-Chairman. Amongst others present were:—Professor Laveran of Paris, the discoverer of the cause of Malaria; Sir Ronald Ross, of London, who was the first to prove that mosquitoes are the agents concerned in the transmission of that disease; Professor Calmette, of Lille; Sir Arthur Newsholme, of London; Dr. Truby King, famous for maternal and Child Welfare Work in New Zealand; Professor Castellani, of the Royal Italian Medical Service (Naval Branch); Professor Golgi, Senator and President of the Superior Council of Health of Italy; Sir Robert Philp, of Edinburgh; Miss Lillian Wald, of the Child Welfare Bureau Department

of Labor of the United States Government; Miss Gill, of the Royal Infirmary, Edinburgh; Miss Lloyd-Still, of St. Thomas' Hospital, London, representing the Nursing Services of Great Britain; Countess de Roussy de Sales, of the French Red Cross; Mr. Henry P. Davison, Chairman of the American Red Cross; Dr. Herman Biggs, Commissioner of Health for the State of New York and many others.

This very distinguished gathering of Scientists, Public Health Administrators, (representing official and voluntary organizations), Social Workers, and others interested in humanitarian endeavours, unanimously concluded that incalculable benefits should accrue to mankind from the participation of the Red Cross Society in activities looking to the relief of human suffering through prevention, in the application of the scientific knowledge we now possess.

Official endorsement of this action by the Signatories of the Peace Treaty on the side of the Entente Allies, was given in Article No. 25 of the Covenant of the League of Nations, being Part L of the Treaty of Peace, that:—"The members of the League agree to encourage and promote the establishment and co-operation of duly authorized, voluntary National Red Cross Associations, having as their purpose the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world."

Dr. Roux, of the Pasteur Institute, at the opening session voiced the unanimous feeling of the scientists in attendance when he said: "The Red Cross wishes to give to the people the benefit of scientific knowledge through the medium of education. How could we refuse our most hearty co-operation in such an effort?" In the expression of this sentiment is recalled the statement of the great master, Pasteur, who fifty years earlier, said:—"Science will have tried by obeying the law of Humanity to extend the frontiers of life." That the peace-programme is compatible with the traditional policy of the Society, was emphasized by Dr. Welch when he said:—"The Red Cross in entering upon the field of preventing human misery, caused by disease and suffering, is not diverting from its great work of relief, but is following a natural and logical plan of development, for preventable disease is a continuing calamity, and its control is the best kind of relief."

The immediate task of the Conference was to make certain recommendations concerning the initial steps which should be taken. It was, therefore, deemed desirable that some concrete proposals should be presented and fully discussed. The wisdom of such a procedure will be appreciated when it is understood that

unnecessary duplication of effort, could not for a moment be entertained. It was clearly recognized at the outset, that:—"Public Health Administration is wholly a Governmental function: (to quote Dr. Biggs, Commissioner of Health for New York State), yet many voluntary organizations of various kinds, are under many conditions, absolutely essential in order to create the public opinion necessary to cause the enactment of the required legislation, or to bring about official action."

Dr. Wyckliffe Rose, Director of International Health Board, of the Rockefeller Foundation, one of the world's greatest voluntary agencies in promoting public health, endorsed Dr. Biggs' statement in the following words:—"Fundamentally public health administration is a state function, voluntary agencies should work in co-operation with Government agencies in their name, and is such a way as to adopt their efforts to the needs of established Government agencies by encouraging research, by popular education and by public health demonstrations, under the direction of, or in the name of Governmental agencies."

Recognizing then that Federal, Provincial, and Municipal Departments of Health, are the agencies, fundamentally responsible, any one of these may be assisted by a voluntary agency in the following ways:—

(1) By enabling the Government agency to carry on research work to obtain the knowledge which it wishes;

(2) By supplying the means whereby it can go through the experimental stage in the application of that knowledge to the control of the disease, and standardize working methods; and finally,

(3) After such standardization, means may be supplied to enable the Governmental agency, by demonstration, to convince the people of the value of the work in order that they may vote the funds necessary to complete the task.

Dr. Farrand, of the U. S. National Association for the Study and Prevention of Tuberculosis, summarized the peace-time opportunities open to the various National Red Cross Societies in the following fashion:—

(1) To Aid, to Stimulate, and to Co-ordinate.

(2) Through the establishment of an Advisory Board, work in harmony with all Governmental and Voluntary Health-Promoting Agencies.

(3) To carry on Public Health Propaganda.

(4) Provide proof, through demonstration, of the great value of the public health nurse.

(5) To utilize trained workers now available, in personal service, as health visitors, etc., especially in welfare work for women and children.

In connection with the final suggestion, Dr. Biggs said:—"Only with the assistance of public health nurses or health visitors can an important health campaign be successfully carried on."

Great emphasis was laid upon the desirability of doing preventive, rather than relief work. Sir Arthur Newsholme, formerly Chief Medical Officer of the Local Government Board of England, stated:—"I should like to endorse what was said as to the great effectiveness of preventive, rather than relief work." "One of the most important functions of the National Red Cross Society will be active propaganda to bring home the fact that it pays to adopt preventive methods on the most lavish scale possible."

It should here be mentioned that International, as well as National effort is expected of the constituent members of the League of the Red Cross Societies. The International work of the League will be directed by the Bureau already established at Geneva, and with this bureau each National Society will co-operate. This will provide, amongst other things, for co-ordination of relief efforts in time of earthquake, fire, flood, or famine, and also provide for an International Public Health Intelligence Division for collection, digestion and dissemination of useful and necessary public health information.

We see then that the efforts of the Society in the future are to be devoted to assisting in the work of saving of lives, the prevention of unnecessary sickness, and the relief of human suffering. National Voluntary Health-Promoting agencies should be assisted, encouraged and their work co-ordinated. Closest affiliation with Governmental bodies should at the outset be established in order that their needs may be ascertained and direction and guidance sought, in any measures initiated for the relief of such needs. The assumption of duties already assigned to Voluntary, Nationally organized agencies, should not be contemplated, for a moment.

The greatest needs of Canada, whether in relation to Child Welfare, Maternal Care, Extension of Public Health Nursing, Tuberculosis, Mental Hygiene, Venereal Diseases, or Public Health Education and Publicity, should be carefully ascertained and then appropriate measures instituted always in co-operation with, or under the direction of agency whose duty it is to carry on the particular work. *All such efforts should be planned with prevention as the motive.* Relief, of course, in time of National peril or

disaster, may at any time be a necessary supplementary form of activity.

Too great stress cannot possibly be laid upon the desirability of utilizing to the fullest extent, the splendid services of the women workers mobilized for War Service, whose efforts were beyond all praise. To direct this personal, voluntary service into the new channel would be a notable achievement and nothing should be deemed too great an effort to effect this.

In conclusion it is sincerely hoped, since there is the clearest possible definition of the scope of activity of the Red Cross Society, that Governmental and Voluntary Health-Promoting Agencies, will welcome the entrance into their field of this new force, potentially so powerful in material resources and personal service.

Remembrance of the sacrifices of those who gave their all for King and Country, should provide the incentive to continuous co-ordinated effort to aid in the "improvement of health, the prevention of disease, and the mitigation of suffering."

Coming Soon.

National Membership Campaign for 1,000 Members.
You can help.

Medical Conference

Held at Cannes, France, April 1 to 11, 1919, at the invitation of the Committee of Red Cross Societies—Recommendations and Resolutions

INTRODUCTORY STATEMENT.

THE magnitude of the relief work done during the War by the Red Cross and the personal participation in its activities of multitudes of people in many countries, as well as the devotion to it and the appreciation of its usefulness of enormous numbers who have experienced its benefaction, have shown it to be an agency for good of unparalleled force and power.

The Conference therefore heartily approves of the purpose of the Committee of Red Cross Societies to extend greatly the activities of the Red Cross in time of peace, to the prevention of disease and the betterment of the health and general welfare of the people in all countries. The prosperity and happiness of all the nations of the world can be greatly furthered by the power of man to promote health and to prevent disease—a power which has been vastly increased in the last half century by scientific discoveries—so as to render this new field of activity of incalculable racial significance, both socially and economically.

The potential usefulness of the Red Cross in this field is unlimited, and the program proposed is really the logical development of its previous activities in the extension of temporary relief in times of war or disaster.

As a voluntary organization engaged in humanitarian work it can command, as experience during the war has shown, the services of the great leaders of the world in every line of activity. The necessity for expert guidance and advice has been recognized in the past and they will be needed in the future, and it is most important that the Red Cross should not only retain, but augment for its continued work, the great prestige and power which it has acquired with all masses among all peoples and in all nations.

In view of these considerations, it is our belief that no other organization is so well prepared to undertake these great responsibilities at the present time as the Red Cross, and no movement deserves more the hearty and enthusiastic support of all people than does this.

RECOMMENDATIONS OF THE CONFERENCE.

The Conference, therefore, heartily recommends in furtherance of this purpose, the establishment in connection with an association or League of National Red Cross Societies, a Bureau of Health with a Director and a staff and an Advisory Council, and that the memoranda and reports which have been submitted to the Conference on this subject serve as a preliminary basis for the proposed organization and its activities.

Other important fields of Public Health than those which have been presented and considered at the present Conference, e. g., Mental Hygiene, Industrial Hygiene, Foods and Nutrition, etc., are reserved for consideration when the Bureau of Health has been established.

It is understood that the central organization will mainly operate through national Red Cross Societies, where these exist, and that itself a voluntary agency, it will not supplant but will endeavour to strengthen, aid, and co-operate with other voluntary and with national health and relief agencies.

An important immediate task will be to assist in the establishment of Red Cross Societies in countries where none now exist, and to strengthen and unite for health work existing Red Cross Societies.

Recognizing the prevention of disease and the protection of the health of the people as a primary responsibility and function of government, a non-political organization, such as that of the Red Cross, will be able by education of the public and in many other ways, to stimulate, support and aid the government in its health work.

Although the Conference does not advise the Bureau of Health of the Red Cross to undertake at once all the activities considered, it submits the following resolutions and memoranda unanimously adopted by the Conference relating to the special subject of Preventive Medicine, Child Welfare, Tuberculosis, Malaria, Venereal Diseases and Nursing, as well as the report on Publication, Education and Statistics, for the purpose of indicating in a general way some of the lines of activity which the new organization may follow:

1. Resolved: That in view of the wide prevalence of typhus fever and the extremely grave representations made to the Conference concerning it, the control of this disease be at once undertaken as an emergency relief measure.

2. Resolved: That the promotion of a wide extension and development of Child Welfare Work be selected as of the first important constructive activity.
3. Resolved: That wide Public Health Legislation and efficient Public Health Administration be encouraged everywhere and by all appropriate means, through National Red Cross Societies, and particularly that the accurate and full registration of Vital Statistics be urged as forming the fundamental basis for definite and permanent improvement of health conditions.
4. Resolved: That efforts be made to secure a standardization of the Vital Statistics of all those countries where adequate registration and notification are not in effect, so that comparable data on important subjects may be available, and that standard tables be prepared and submitted for modification and adoption by the authorities.
5. Resolved: That the Bureau of Health encourage scientific investigation in Hygiene and Sanitary Science, since progress in Public Health depends upon the advancement and the application of knowledge.
6. Resolved: That the establishment of Public Health Laboratories or the provision for laboratory service for every community, is an extremely important means of promoting efficient public health administration.
7. Resolved: That the extension of the employment of public health nurses or health visitors be furthered in every possible manner in all countries, and that standardized educational centers for training such nurses or visitors be developed.
8. Resolved: That the program for the control of Tuberculosis, Malaria and Venereal Disease submitted by the Conference be urged for adoption in all countries.
9. Resolved: That since educational propaganda have been shown to be the most efficient means for forwarding all forms of health activity, we especially urge the general adoption of scientific publicity methods.
10. Resolved: That the training of thoroughly qualified teachers of school children in all grades in the subjects of personal and general hygiene, and the inculcation of proper health habits during school life, are essential measures for permanently improving the health and contributing to the welfare of the people.
11. Resolved: That special attention be directed everywhere to the importance of town and city planning and proper housing for working-men; and that National Red Cross Societies be advised

to prepare plans and designs suitable for use in their respective countries, and proffer the assistance and the advice of experts where suitable construction work is under consideration.

12. Resolved: That National Red Cross Societies and their chapters be urged to promote the erection of buildings to be used as health and community centers in their respective localities, as a most useful, appropriate and permanent memorial for the soldiers who have lost their lives in the war. That model plans and designs for these be prepared and made available to the people of various communities.

13. Resolved: That the general principles underlying successful work in new countries which are detailed in the report of Child Welfare be recommended for general guidance in all health work in such communities.

Canadian Medical and Public Health Congress, Vancouver, week of June 21st, 1920. Plan now to attend.

Report Adopted and Presented to the Conference by the Section on Venereal Diseases

The report has been prepared under the following headings:

SECTION I.—The general principles underlying a comprehensive campaign against Venereal Diseases.

SECTION II.—The activities which may be undertaken by the proposed Central Bureau in promoting the application of these principles.

SECTION III.—The initial work in the field of combating Venereal Diseases which may be undertaken by this Bureau.

SECTION IV.—Recommendations as to the form of popular propaganda which may be undertaken at once by the Bureau.

SECTION V.—Recommendations as to the best method of presenting the subject of Venereal Diseases before the International Red Cross Convention, at Geneva.

SECTION I.

In the opinion of the Section, any comprehensive scheme for the combating of venereal diseases must embody the following principles:

1. Measures for the protection of individuals not yet infected.
2. Measures for the elimination of conditions of environment favouring dissemination of venereal diseases.
3. Measures for the discovery, treatment and control, where necessary, of individuals already infected.
4. Measures for accurate observations and recording of data relative to efforts to combat venereal diseases.
5. Measures for furthering research upon venereal disease infections, and for the demonstration of new methods.
6. Measures for education.

The complete application of the above principles will probably involve the following, which are not necessarily arranged in the order of their importance:

I. Measures for the protection of individuals not yet infected.

(a) Education.

1. Education in moral principles.
2. Sex education of children.

3. Education of the general public in the principles underlying the combating of venereal diseases.

(b) Entertainment and Recreation.

1. Individual, by appeal to private tastes in recreation.
2. Communal, by stimulating group activities, such as social and athletic clubs.

(c) Improving and safeguarding home influences by measures to increase home comforts.

(d) The encouragement of early marriage.

(e) Custodial care of the feeble minded.

(f) Early preventive treatment. The Section is of the opinion that so far as army experience goes, early treatment properly applied after exposure is a successful preventive measure.

II. Measures for the elimination of conditions of environment favouring the dissemination of venereal diseases.

(a) Repression of commercialized prostitution and promiscuous sexual intercourse.

1. Abolishment of official recognition or toleration of prostitution.
2. Repression of street soliciting.
3. Control of restaurants, hotels, other places of public resort, and public utilities with reference to their use for the purposes of promoting prostitution.

(b) Control of the use of alcohol.

1. Education and influence of social customs.
2. Legislation for limitation of the use of alcohol.

(c) Supervision of dance halls and other public places.

III. Measures for the discovery, treatment and control of individuals already infected.

(a) Discovery of infected individuals through information derived from the following sources:

1. Free laboratory diagnosis.
2. Advisory clinics, dispensaries and hospitals.
3. Physicians and surgeons in private practice.
4. Medical officers in public institutions, licensing boards, and industrial companies, as a result of physical examinations.
5. Notification.

The Section is of the opinion that in the future it may become necessary, in order to secure complete and continued treatment of every infected person,

to adopt compulsory notification of venereal diseases, though educational measures and public enlightenment may render this unnecessary.

- (b) Provision of treatment, free of cost to the patient, to include the following:
 - 1. Distribution of officially approved anti-syphilitic remedies to physicians under such regulations as may be designated.
 - 2. Dispensaries with equipment and personnel.
 - 3. Advice and treatment by private practitioners, acting as agents of the State.
 - 4. Legislation against treatment by unqualified persons under conditions specified by the State.
- (c) Control of infected individuals.
 - 1. Instruction to patients.
 - 2. Hospitalization in certain stages.
 - 3. Isolation, complete or partial, according to the special circumstances of each case.
 - 4. Requirements for discharge from supervision.
 - 5. Penalties for exposing others to infection.

IV. Measure for accurate observations and recording of data relative to efforts to combat venereal diseases on lines already established by the following:

- (a) Investigations by voluntary organizations such as:
 - 1. American Social Hygiene Association.
 - 2. National Council for Combating Venereal Diseases in Great Britain.
 - 3. Association for the Abolition of the White Slave Traffic, etc.
- (b) Investigations and reports of official bodies such as:
 - 1. Royal Commission on Venereal Diseases of Great Britain.
 - 2. Australian Commission.
 - 3. U. S. Inter-Department Social Hygiene Board.
- (c) Inspections and data of administrative bureaus.
 - 1. Local Government Boards of Great Britain, The United States Public Health Service.
 - 2. State Bureaus of Venereal Diseases.
- (d) Miscellaneous Agencies.
 - 1. Armies and Navies.
 - 2. Statistical Bureaus.
 - 3. Hospitals and Dispensaries.

V. Measures for furthering research upon venereal disease infections and the demonstration of new methods for combating venereal diseases, such as:

- (a) Research for better methods of diagnosis of syphilis and of gonococcus carriers among women.
- (b) Research for better or cheaper methods of treatment.
- (c) Research for more practical methods of determining a cure in syphilis or gonococcus infections, and additional information on which to base statements regarding future infectious stages.
- (d) Research regarding possibility of differentiating strains or types of *Spirochaeta pallida*.
- (e) Research regarding possibilities of immunizing individuals against syphilis or gonorrhea.

VI. Measures for Education.

- (a) Education of medical Students, practitioners, nurses and attendants.
- (b) Social workers.
- (c) Moral and Religious Workers.
- (d) Legislative Authorities.
- (e) The general public.

The details of such measures are so largely concerned with work which a Central Bureau could promote that the subject is given first consideration in Section II below.

SECTION II.

The activities of the Central Bureau in connection with the above scheme should comprise the following:

- A. Education.
- B. Research.
- C. Multiplication of centers of activity.

To consider those more in detail:

A. Education should provide for:

1. Students.
2. Doctors.
3. Nurses.
4. Social workers.
5. Moral and Religious workers.
6. Legislative authorities.
7. General Public.

- A. 1. Students. Impress on legislatures in all countries where such do not exist, the importance of making the study of venereal diseases compulsory in all medical curricula, and to impose a test proficiency.
- A. 2. Doctors.
 - (a) Establish a system by which workers could study the methods of other clinics.
 - (b) Provide a system by which teachers may be exchanged between clinics.
 - (c) Form a central museum to include:
 - 1. Models of clinics.
 - 2. Apparatus, clinical and laboratory.
 - 3. Painting and models illustrative of micro-organisms.
 - 4. Provision for the demonstration of technical methods such as laboratory technique.
 - (d) Form a Central Reference Library.
 - (e) Circulate a bulletin and pamphlets on special subjects. These would be compiled centrally from contributions from correspondents in each country. Such publications might usefully contain a critical review on particular sections of the subject. Publications to be in French and in English.
 - (f) Provide post-graduate courses at Central Bureau, and facilities to doctors to attend by securing reduction of fares and tariffs in connection with such visits or by grants-in-aid.
- A. 3. Nurses.
 - (a) Include a Nurses' section in Central Museum and Library.
 - (b) Include Venereal Diseases in a Nurses' Bulletin which would also deal with Child Welfare, Tuberculosis, etc., so far as they concern nurses.
 - (c) Provide facilities for study or teaching in other centres.
 - (d) Provide facilities to visit the central institution, as in the case of doctors.
- A. 4. Social Workers. The facilities provided for such workers should be similar in principle to those already outlined for nurses.

- A. 5. Moral and Religious Workers. Expound in communications to moral welfare agencies the fact that religious and ethical principles underlying social conduct are an important factor in the preservation of health and social welfare generally.
- A. 6. Legislative authorities. Expound in communications to members of such assemblies the economic and social value of physical health to the nation.
- A. 7. General Public. This subject should properly be included in the section dealing with popular hygiene, not presented as a subject in a class by itself.
 - (a) Lectures. Assist local societies by provision of cinema films and slides. In countries where no organization for lectures exists, these could be provided by the Central Bureau.
 - (b) Posters. Provide posters illustrating in a popular form the salient facts of preventive medicine, including Venereal Diseases. These could be provided free or at cost to local authorities.
 - (c) Contributions to Local Museums. Make contributions to local museums on same lines as posters.
 - (d) Newspaper articles. Supply articles by the best available writers to the Press for publication. These articles would comprise all subjects connected with preventive medicine beside venereal diseases. It is probable that, beside the large metropolitan weeklies, country newspapers would gladly accept such articles.

B. Research.

Initiate research on new lines suggested by reports collected centrally.

C. Stimulate the Multiplication of Centers of Activity by:

1. Payment of selected lectures where such are not provided by local or national societies.
2. Payment for contributions to museum, central library and bulletin.
3. Payment for posters.
4. Providing for newspaper and magazine articles.
5. Grants-in-aid of travel to the Central Bureau.

In the application of any such comprehensive scheme, the State should be responsible for the measures enumerated in Section I under I (e) II, and III, and should encourage the measures suggested under Par. V.

SECTION III.

The initial work in the field of combating venereal diseases which may be undertaken by this Central Bureau should comprise:

1. The preparation for presentation to all national Red Cross Societies of a digest of the laws and schemes for combating venereal diseases which are operative in the several countries.
2. The promotion of popular propaganda of the social hygiene campaign as set out in Section IV of this report.
3. The preparation of an appeal to be addressed to all legislative bodies asking them to require the inclusion in all medical school curricula of instruction relative to the treatment and control of venereal diseases.
4. Provision for carrying out the proposals under Section II A. 2(a), (b), A. 3 (c), A. 4 in so far as it provides facilities for study or teaching in other centres, A. 5, A. 6.
5. Provision of aid as specified in Section II C. 1, 3, 4, 5.

SECTION IV.

The following recommendations as to the form of popular propaganda which may be undertaken at once by the Central Bureau are intended to be suggestive merely of ways in which such a bureau could be of service to national Red Cross and other agencies combating venereal diseases, and could save much time and expense now required for the independent origin and development of propaganda methods and material in each country.

The Bureau could do the following.

1. Assemble, classify and present to the National Red Cross Societies the approved propaganda literature from the several nations which are active in this field.
2. Prepare suitable cinema films and adapt them in details and language to the several countries.
3. Furnish the material for articles for newspapers, magazines, trade journals and other publications.
4. Provide posters illustrating in a popular way the salient facts relative to venereal diseases and the social hygiene movement.
5. Furnish satisfactory lecturers or experts who could attend important national conferences in countries where further progress requires the stimulation of such persons.

SECTION V.

Recommendations as to the best method of presenting the subject of venereal diseases before the International Red Cross Convention at Geneva, are likewise submitted as illustrative rather than as a final opinion upon the most effective way to accomplish this.

1. It is believed that a statement should be prepared showing the evil effects of venereal diseases on the physical, moral and economic welfare of the world, and the general principles underlying a world-wide campaign. This statement should be supplemented by an outline of the respective parts to be taken in the campaign by the nation, state, community and the individual. Summaries of practical work already done and results achieved, as illustrated by exhibits, reports and propaganda literature, should accompany the statement.

2. The presentation of the statement should be followed by a proposal to establish a special section of the Central Bureau with adequate financial support and personnel to deal with the venereal disease problem.

3. In order to carry out these recommendations most effectively it is suggested that an invitation be extended to one or more experts to attend the convention to present in person the programme as herein set forth.

4. It is also suggested that one or more persons should be assigned immediately to the task of assembling materials and preparing the exhibits and the data upon which the statements described must be based.

**RESOLUTIONS OF THE SECTION ON VENEREAL DISEASES ADOPTED BY
THE SECTION AND PRESENTED TO THE CONFERENCE.**

The scientific and social facts underlying the epidemiology of the Venereal Diseases—syphilis, gonococcus infections and chancreoid particularly—are known. Although in many countries efforts have been made for the prevention and adequate treatment of Venereal Diseases, there is at the present time need for still greater action. It is because these diseases are so insidious in their attack, so indirect in their methods of maiming and killing their victims, so prevalent and so gradual or secret in their development of conditions which hopelessly impair the individual or make him a carrier of disease to others, that the public has only recently begun to realize that an organized defense against them is necessary and possible.

The importance of a comprehensive programme against syphilis and gonococcus infections cannot be over emphasized, for it is known to-day that these diseases are the direct or indirect cause of many chronic, organic, as well as mental diseases, including general paresis. It is known to be the cause of many miscarriages and still-births.

In view of these facts, the following resolutions are recommended:

I. Resolved: That the full report of the Section on Venereal Diseases be accepted and placed on file for future reference and guidance.

II. Resolved: That any comprehensive scheme for combating the Venereal Diseases must embody the following general principles:

1. Measures for the protection of individuals not yet infected.

2. Measures for the elimination of conditions of environment favouring dissemination of Venereal Diseases.

3. Measures for the discovery, treatment and control, where necessary, of individuals already infected.

4. Measures for accurate observation and recording of data relative to efforts to combat these Diseases.

5. Measures for furthering research, and for the demonstration of new methods for reducing their prevalence.

6. Measures for education.

III. Resolved: That as initial measures in the administrative control of Venereal Diseases, there should be instituted facilities for laboratory aid in the diagnosis of syphilis and of gonococcus infections, adequate methods of medical treatment and of follow-up service for infected individuals, measures for reducing exposure to infection by every practicable means, and a programme of education for all.

IV. Resolved: That every nation should be urged through proper channels to promote general propaganda for the control of syphilis, gonorrhoea, and chancroid, and that the Red Cross Societies should be ready to participate in or aid the activities of existing agencies engaged in this field of work.

V. Resolved: That as soon as possible the Central Bureau of health of the associated Red Cross Societies should establish a section to facilitate the rapid development of practical campaigns for combating Venereal Diseases, and collect and disseminate information upon such important matters as the notification of Venereal Diseases to health authorities, the repression of prostitution, the

abolition of the White Slave Traffic, the isolation of infected individuals, the protection of marriage, the control of alcohol and habit-forming drugs, and upon other factors relating to the epidemiology of Venereal Diseases.

MEMBERS OF THE SECTION ON VENEREAL DISEASES.

Chairman—Dr. Ducrey. *Alternate*—Col. Snow.

Great Britain—Col. Harrison, Dr. Menzies, Sir Arthur News-holme.

France—Dr. Milan, Dr. Roux.

Italy—Dr. Ducey.

Japan—Dr. Kabeshima, Dr. Nawa.

United States—Col. Russell, Col. Snow.

Coming Soon.

National Membership Campaign for 1,000 Members.
You can help.

Report Adopted and Presented to the Conference by the Section of Tuberculosis

Recognizing the wide prevalence of Tuberculosis, its incidence at all ages, and its great importance as a cause of excessive mortality, disability, distress and economic loss, we recommend that special attention be given to the fight against this disease in the plan of an organization having in view common action on the part of Red Cross Societies.

I. We believe that in any organized campaign against Tuberculosis the following factors are fundamental and indispensable:

(1). Dispensaries on an adequate scale, furnished with laboratories and appropriate equipment and affording provision for early diagnosis, including the examination of contacts by expert physicians; and with especially trained visiting nurses, who will carry into the homes of patients the necessary care, instruction and advice, who will especially consider the needs of children, and who will direct the patient to appropriate agencies for this purpose.

(2). Provision for the careful, regular inspection of school children with a view to the early detection of Tuberculosis.

(3). Hospital treatment, on an adequate scale, of acute, advanced and hopeless cases of Tuberculosis, separated from other cases not infected with Tuberculosis.

(4). Sanatorium facilities for all suitable cases of Tuberculosis.

(5). Continuous popular education regarding Tuberculosis, its causes and prevention, by all suitable means and agencies.

II. It is evident that Tuberculosis is inextricably associated with the general living and working conditions of the people; and we therefore recommend the encouragement of all legitimate efforts directed towards the improvement of these conditions. We regard as of particular importance in this connection, the care of children and the problems of housing, of cleaning, of nutrition, and of alcoholism.

III. We recommend the institution of appropriate measures to prevent the transmission of Tuberculosis through infected milk.

IV. We approve the establishment of open air schools for the accommodation of children already infected by, or suspected of, Tuberculosis; and measures should be taken to protect children against contagion in the household by placing them with healthy families in the country or in special asylums, when it is not practicable to remove the infected patient from his family.

V. We call attention to the importance of the extension of the open air principle to all institutions and places where many individuals are housed together, such as barracks, orphanages, work-houses, penitentiaries, and the like.

VI. Experience has shown us the importance of careful supervision of the Tuberculosis patient during the entire period of his illness. We therefore urge the need for close co-operation between the several institutional factors (dispensaries, hospitals, sanatoria, etc.,) and the more extended development of skilled social service under medical direction.

VII. We think that attention should be drawn to the great risk to which Tuberculosis patients are exposed through the exploitation of alleged cures without scientific authority.

VIII. Inasmuch as a problem of particular difficulty is that of providing suitable occupations for those patients with Tuberculosis, able to perform a certain amount of work under favorable conditions, we recommend the encouragement of efforts for the establishment of agricultural colonies and the organization of suitable industries which should be linked with the dispensaries and sanatoria under medical supervision.

IX. Recognizing that accurate knowledge of the distribution of Tuberculosis is an essential preliminary to its control by public authorities in any community, we approve the principle of compulsory notification of Tuberculosis to the health authorities under appropriate regulations.

X. We call special attention to the capital importance of scientific research in the field of Tuberculosis and the collection of information as to all factors bearing upon the prevalence and distribution of the disease.

NOTE.—The recommendations of this report form also the resolutions of the Section.

MEMBERS OF THE SECTION ON TUBERCULOSIS:

Chairman—Professor Calmette; *Alternate*—Sir Robert W. Philip.

Great Britain—Sir John Lumsden, Dr. Menzies, Sir Arthur Newsholme, Sir Robert W. Philip.

France—Dr. Bernard, Professor Calmette, Professor Courmont, Dr. Rist.

Italy—Col. Baduel, Lt.-Col. Castellani, Professor Maragliano, Dr. Marchiafava, Dr. Poli.

Japan—Dr. Kabeshima, Dr. Nawa.

United States—Drs. Baldwin, Biggs, Farrand, Garvin, White and Lt.-Col. Williams.

Report Adopted and Presented to the Conference by the Section of Child Welfare

CHILD Welfare is an essential part of a general programme in public health and preventive medicine, and cannot be separated from them. It is particularly closely associated with housing and food production and supply, for children require food not merely for sustenance but for growth.

Children, as the weakest members of the community feel first, and feel most heavily, the effect of all unfavorable hygienic, social and economic conditions. The war has increased infant and child mortality: in some countries the birth rate has been lowered more than one-half. The health of many children who have survived has become greatly impaired by reason of improper food and neglect. Furthermore, the war and recent epidemics have enormously increased the number of dependent children, especially in the devastated countries.

A reduced birth rate and an abnormal sickness and death rate may be expected to continue for several years to come; a reduced birth rate owing to the death of potential fathers, to social and to economic conditions which have affected the health of potential mothers, and to many other factors: an increased sickness and death rate because of the scarcity and high cost of food, and general hardship and privation which favor the spread of epidemics and lower resistance to all forms of disease. A world-wide Child Welfare campaign is therefore one of the most pressing needs of the day, both from the humanitarian and economic standpoint as children are the nations' greatest assets.

The pressing problems now are:

1. To save the infants yet to be born and to promote their healthy development.
2. To restore the health and make possible the normal growth and development of children who are now suffering from disease or defective nutrition, and to safeguard the health of those whose nutrition has not yet suffered.
3. To do something for the immediate needs of dependent children.

Experience has shown that no efforts in public health work produce more immediate and far-reaching results than those which are put forth in Child Welfare.

The work relating to Child Welfare may be divided into six parts corresponding to the period of child life to which it is directed:

1. Eugenic considerations affecting the prospective parents.
2. The pre-natal period, in which the child is saved through care of the mother.

The importance of this may be appreciated by the fact that even in the highly civilized countries in peace times:

- (a) The still-births are equal to between four and five per cent. of the living births.
- (b) That as a result of pre-mature birth many infants die in the first weeks of life.
- (c) That other causes of the high mortality during the early weeks are due to conditions affecting the mother.

Methods of pre-natal care will necessarily differ in urban and rural communities, and also be modified by race, customs and environments. The essential feature must be the supervision and education of the expectant mother by a well-trained public health nurse, health visitor or midwife from an early period of her pregnancy, aided when possible by the advice and assistance of a physician. The work is greatly facilitated by voluntary registration of pregnant women, which should be encouraged everywhere, and it tries.

Success in any effort in child welfare is largely dependent upon the intelligent co-operation of both parents; no plan of education therefore is complete which does not include the father. This is particularly important in the pre-natal period and in the period of infancy.

3. *Obstetrical Care.*—This should include the services of a nurse as well as those of a physician or mid-wife. Proper care saves the child from accidents during delivery, saves the mother from immediate and remote dangers incident to her confinement, greatly increases the chance of successful breast feeding, and prevents much blindness.

4. *Birth to School Age.*—This period is sometimes divided into infancy—including the first year or possibly two years—and the pre-school age, extending from this time up to five or sometimes six years.

The important concern during the first two years is the child's nutrition; and the essential thing is that the child be kept under continuous observation and supervision. Everything possible should be done to promote breast feeding as by far the most im-

portant means of insuring vigorous growth and development and preventing infant mortality. At first the supervision must be close, the infant being seen in many cases every week or even oftener. The visits will be less frequent as the child grows older, being made at least monthly after six months, and every two months up to the end of the second year. Success during this period depends almost entirely upon our ability to educate the mother, and to arouse and maintain her interest in her child's growth and progress.

The principal methods are:

(a) Group instruction and individual advice in a central place known as a "milk station," a "child welfare station," a "consultation," etc., and,

(b) Home visiting by Public Health nurses or health visitors.

Both methods have their place and should usually be combined, certainly in urban communities.

The problem of infancy up to the school period is much the same and can be carried on with the same organization—a quarterly visit to the home or by the child to the central station, and a full medical examination once a year should be the minimum. Much better results would be obtained if the observations were made more frequently. The above requirements should be for every healthy child. Those who are delicate or ill should have special medical attention.

By these means, the beginnings of organic disease may be detected, physical defects and deformities prevented or corrected, and a general supervision maintained over the child's diet and general hygiene.

Records should be kept of all abnormal conditions, any serious illness, also of weight and height, which will themselves furnish a good guide as to health progress.

Permanent institutional care for infants and young children should be discouraged on account of the almost insuperable difficulties in maintaining nutrition in infancy under these conditions, and because of the great susceptibility of young children to infection; preference should be given to placing such children in suitable families. All creches, day nurseries and the like should be under close medical attention.

5. *The School Period.*—Six to fourteen or sixteen years. The problem during this period is to secure normal growth, physical and moral development, to recognize and correct defects which interfere with these, and to reduce to the minimum the risks of contagious disease. The school physician, the school nurse and the school teacher all have important functions. The school further-

more offers an opportunity, the value of which is only beginning to be appreciated, to interest, instruct and train the child himself in health matters. It should be as much the duty of the schools to teach health, as to teach reading and writing. Health work for the school child is inextricably bound up with the problems of general education, and all teachers should receive training which would qualify them to teach the simple facts of health and personal hygiene.

An important kind of health education which can be carried on in the schools is the instruction of girls from the age of ten years upwards in the rudiments of infant care. This has been proved to be valuable in preparing them to undertake the responsible charge of their younger brothers and sisters and what is even more important in assisting to prepare them for the future duties of motherhood.

The child's mind is virgin soil for health instruction of every sort. It is not necessary at this period to clear away the rubbish of prejudice, superstition and habits based upon ignorance, which make health education so difficult and often so futile in adult life. Scientific facts in regard to food, health habits, hygiene and the spread and control of disease, can, if presented by writers and artists who know how to reach the child's mind, be made interesting and attractive. Why should not the stories of the conquest of small-pox, malaria or yellow fever be made as thrilling as the conquests of Alexander or Napoleon?

This instruction should be begun with children of eight or nine, for early impressions are the most lasting. The bare facts of hygiene or physiology as presented in school textbooks make little impression that is permanent. Their acquisition is made work. Health instruction should and can be made play; health may even be made a competitive game. If the school children can be properly instructed in health matters, we need have little anxiety about the adults of the next generation.

Progress in the pupil's health is best shown by the weight record; thus an incentive can be furnished for the observance of health rules which are taught.

Health records, at least a record of weight and growth, should be kept during school life. In an ideal school, a medical examination should be made once a year of every school child; and all who are found to be physically below normal or who do not make a normal gain in weight should receive special attention and supervision during their school life.

6. *Industrial period.*—14 to 18 years. In connection with legislation relating to child labor, the following fundamental principles should be embodied:

(a) No child should be allowed to enter into industry without first passing a physical examination by a competent physician, showing that he is able to perform the work intended.

(b) No child should be permitted to continue in any form of work which prevents his normal growth and physical development, as determined by accepted standards and periodic examinations made up to the age of 18 years.

Any intelligent action must be based upon an exact knowledge of conditions. Therefore, the first step should be a survey.

After a survey has been made, in any activities which are contemplated there are certain fundamental principles which should be kept in mind if the work is to be effective and anything permanent accomplished.

(1) Local customs, climatic conditions, diet and other things upon which are based the habits of the people, should be carefully considered and appreciated.

(2) All local health habits and racial customs, which are good, should be accepted and used as a foundation on which to build.

(3) It is impossible to formulate beforehand a plan of procedure which can be closely followed. Any plan adopted must have great elasticity and be modified by circumstances as they arise in the course of the work.

(4) Local agencies, organizations and individual workers should be developed and utilized so far as possible.

(5) The utmost tact is necessary to adapt knowledge and experience gained elsewhere to work which is instituted under new conditions and among new people.

(6) No plan of work should be made so complex or so expensive that it cannot be duplicated or extended by a simple organization elsewhere.

(7) Success depends much less upon the programme adopted than upon the personnel which will put it into effect.

(8) To carry out effectively any scheme of Child Welfare such as has been outlined, it will be necessary to provide material assistance in a considerable proportion of cases.

RESOLUTIONS OF THE SECTION OF CHILD WELFARE ADOPTED BY THE SECTION AND PRESENTED TO THE CONFERENCE.

1. That the Conference is of opinion that the promotion of Maternal and Child Welfare should form an important part of the activities of the proposed Central Bureau of Health and of national Red Cross activities.
2. That the most urgent initial work is the consideration of emergency action rendered necessary by the war. In countries where there is little or no Red Cross organization the Conference regards the organization of surveys of needs and the establishment of centres at which intensive work can be undertaken as promising the most rapid results. These centres should be handed over to the local or governmental organizations when this can be done.
3. That statistical investigation of the local incidence of child mortality and the preparation of standardized statistics are urgently needed in every country; and for this purpose active propaganda in favor of complete registration of marriages, births, including still-births, and of deaths, should be instituted in countries in which this is not already established.
4. That as soon as possible adequate popular propaganda should be begun:
 - (a) Calling attention to the conditions and needs of less favoured countries;
 - (b) Appealing on behalf of dependent children; and,
 - (c) Urging the need for immediate Child Welfare work in devastated regions.
5. That the collection of information bearing on Child Welfare and the distribution of this to national Red Cross societies should form an essential part of the work of the Central Bureau. This information should not only be statistical, but should include also the results of investigations and the reports of promising developments in administration and methods bearing on Child Welfare in any country.
6. That research work on Child Welfare should be encouraged by the Central Bureau.

MEMBERS OF THE SECTION OF CHILD WELFARE.

Chairman—Sir Arthur Newsholme.

Great Britain—Professor Kenwood, Dr. King, Sir Arthur Newsholme.

France—Doctors Armand-Delille, Péhu, Pinard.

Italy—Col. Baduel, Col. Valagussa.

Japan—Dr. Kabeshima, Dr. Nawa.

United States—Doctors Hamill, Holt, Lucas, Talbot, Miss Wald.

The Red Cross and the Situation in Europe

At the first meeting of the International League of Red Cross Societies held at Geneva in the first week of March, the conditions in Europe were fully discussed. No account of the meeting, except by cable, has yet reached Canada, but the Canadian Red Cross Society has received from Sir David Henderson, Director-General of the League, the following message, which shows the attitude adopted by the League of Red Cross Societies towards this terrible problem.

The delegates representing the Canadian Red Cross Society at this conference were Lady Drummond, Sir Richard Lake, Mr. R. B. Bennett.

CABLE:

The President of the League of Nations in a letter to the League of Red Cross Societies stated: "Ravages inflicted by disease on war-worn underfed populations of Central Europe, to say nothing of regions further east, are of such magnitude that no organization less powerful than the League of Red Cross Societies seems adequate to cope with them. I venture to urge League of Red Cross Societies to organize effort worthy of its unique position." In consequence of this message, the following resolutions were passed by the General Council of the League of Red Cross Societies: "Upon assurance from the League of Nations that food, clothing and transportation be supplied by Governments, League of Red Cross Societies will formulate immediately plans for immediate extensions of voluntary relief in affected districts and appeal through Red Cross Societies which are members of the League for doctors, nurses, supplies, food and money required." Further, it was resolved that each delegation present at the General Council engages on notice received from the League to urge its own organization to take steps in its own country as will best ensure success of the undertaking. Canadian delegates left Geneva with full information.

(Sgd.) SIR DAVID HENDERSON.

Canadian Medical and Public Health Congress, Vancouver, week of June 21st, 1920. Plan now to attend.

Syphilis and Gonorrhoea from the Public Health Point of View

BY R. R. McCLENAHAN, B.A., M.B., *Provincial Board of Health of Ontario.*

AS a great deal of interest in syphilis and gonorrhoea has been aroused of late years, and as the seriousness of these diseases with the resulting less to industry, has been brought to the fore, the measures being taken from a public health standpoint by the Provincial Board of Health of Ontario, will, no doubt, be of interest to the profession.

On the advice of the Provincial Public Health officials the medical profession and prominent social workers throughout Canada, the Canadian Government made a grant of \$200,000 (this to be a yearly grant to last for at least three years, if conditions warrant it) towards combating venereal diseases. This grant was divided among the Provinces according to population, and was given on the understanding that the Provinces would advance an equal amount. \$10,000 of this grant was made to the Dominion Canadian National Council for combating Venereal Diseases, a voluntary organization, whose aim is along the lines of education, advertising and propaganda. The share allotted to the Province of Ontario was \$57,473.68.

The Ontario Government advanced an equal amount, making the total sum of \$115,000 available for the campaign in Ontario.

A Division of Venereal Disease is being organized. This bureau will have charge of the effort of the Provincial Board of Health. It is proposed to divide the campaign into two heads:—

- (1) Education.
- (2) Treatment.

Education.—The most important part of the campaign is education along public health lines. This education will be general in character. It will embrace the medical profession, dentists, druggists, nurses, public men and business officials, social workers, and the general public. A very excellent scientific book called "To-day's World Problem in Disease Prevention," written by Dr. John A. Stokes, of the Mayo Clinic, is now in the printer's hands, and will shortly be available for all medical men free of cost. This book takes up the venereal diseases in a practical and interesting

way, and will, no doubt, be of great value to medical men throughout Ontario.

Pamphlets and bulletins are in course of preparation for dentists, asking their support, and also for druggists, enlisting their support to fight the dangers of quacks and self-treatment.

The Venereal Diseases Act and the Regulations are being strengthened and improved so that the treatment of these diseases may be made more efficient.

Pamphlets will be printed suitable for all classes, including nurses, social workers and the home. Lecturers will be sent out where desired to put the dangers of these diseases fairly before the public. There will be an advertising campaign carried on in newspapers and periodicals in Ontario. It is also proposed to show films from time to time on the venereal problem. The Canadian National Council for combating venereal diseases has such a film which will be shown very shortly throughout Ontario. All available methods for placing the Venereal Problem before the public will be used.

Treatment.—No campaign of this character, however, can be complete unless adequate free treatment is provided as well. At the present time all cases of Venereal Diseases in reformatories and prison farms, etc., are being treated by a specialist, medical officer employed by the Provincial Board of Health. All inmates of prisons, reformatories, jails, etc., are examined for venereal disease—smears are taken on all women and on men if considered advisable. All inmates have Wassermanns taken on admission. All cases are treated and kept in institutions until considered safe from a public health standpoint, whether this necessitates their being kept over their time or not. These cases when set free are referred to the local Medical Officer of Health for further treatment or observation as necessary.

A license to manufacture an arsphenamine product has been given to the Board. Through it the Board has power to sell or give free of charge an arsphenamine product to its clinics and also to hospitals and institutions throughout the Province. It is expected that the product will be available in two months' time.

The Board is arranging to establish special treatment clinics in the larger cities throughout the Province for the free treatment of Venereal Diseases. These clinics are being very generously dealt with, and it is hoped that the treatment they will be able to give those infected and in need of free treatment, will be of help in preventing the spread of these diseases.

The following proposition is being presented to the municipalities where, in the opinion of the Board, a clinic is advisable. A schedule of apparatus and furnishings suitable for the adequate treatment of these diseases has been drawn up and will be part of the standard equipment required before Government aid will be given the clinic.

The Board feels that the choice of a site for the special clinic or clinics in the various municipalities should be left to a certain extent in the hands of the local authorities, who understand local conditions. The Board would suggest, however, that where facilities already exist as in the case of hospitals, etc., other things being equal, these facilities should be used. The Board will afford the following assistance to each clinic established:—

(1) For the purchase of furnishings and apparatus for a special clinic—\$1,000. (It is thought that the cost of the apparatus and furnishings will not exceed this amount.) Where a clinic is already in existence and up to the standard the same financial assistance will be given.

(2) To assist in the payment of a social service nurse, \$500.00 yearly.

(3) For each out patient treatment for gonorrhoea—50c.
For each out patient treatment for syphilis —50c.

(No more than one treatment each day will be paid for.) For each out patient treatment for syphilis in addition, free "salvarsan" will be provided—as soon as the Board is in a position to furnish its own product.

(4) In the case of patients treated in the hospitals the sum of 25c. in addition to the foregoing grants will be paid to the hospital for each day of indoor treatment up to three months, at the end of which time the indoor grant will cease.

(5) Standard record forms for the use of these special clinics will be supplied by the Board.

In return for this assistance the Board will require that the clinic will be kept up to a certain standard as follows:

(1) The special clinic shall be for the treatment of venereal diseases.

(2) The apparatus and furnishings for the clinic shall be as follows:— (See Schedule (a)).

(3) The personnel of the clinic shall be:

(a) One specialist in venereal diseases, who shall be appointed by the hospital if the clinic is in connection with a hospital and by

the local Board of Health in other cases. This officer must also be satisfactory to the Provincial Board.

(b) Such Medical assistants as may be necessary shall be appointed on the same basis.

(c) One full time social worker who shall be a graduate nurse.

(d) One clerk, if the clinic is treating more than forty cases per week.

(e) One male orderly.

(f) If possible, one undergraduate nurse to assist in the clinic.

(4) All treatment in the clinic shall be free.

(5) At least one night and two day clinics shall be held per week. (This may be modified on agreement.)

(6) Separate hours shall be set aside for men and women in the clinic, also if possible, separate hours for the treatment of gonorrhoea and syphilis.

(7) Weekly reports will be required on forms supplied by the Board.

(8) The clinic, including its records, apparatus, method of treatment, etc., shall be open to inspection by the Board.

(9) The municipality will be expected to advance an amount for upkeep of the clinic or clinics which shall be approximately equal to the amount advanced by the Board. (See Section 14, subsections 1 and 2, Venereal Diseases Prevention Act.)

(10) The social service nurse shall follow up cases outside the clinic to see that all patients continue treatment and also that any possible contacts are examined.

(11) Accounts should be rendered at the end of the month and will be paid on the Board's certificate.

(12) The Board reserves the right to modify these rules if such should, in the interest of the clinic, be deemed necessary.

In conclusion the Board wishes to express its appreciation for many valuable hints on the subject given by many of the medical men in Toronto, and elsewhere, who have given a great deal of their time gratuitously in this work. The Board feels that special mention should be made of the work of Professor Duncan Graham, Professor Fitzgerald, Dr. Edmund King, Dr. Gordon Bates and many others.

This campaign can only be a success through the closest co-operation and assistance of the medical profession throughout Ontario, and the Board feels that this will be given freely.

A Plan for a More Effective Federal and State Health Administration

FREDERICK L. HOFFMANN, LL.D.

Third Vice-President and Statistician the Prudential Insurance Company of America

(Continued from the February issue).

Much valuable assistance in behalf of this requirement is being rendered by occupational disease clinics, such as have been established in New York, Boston and Philadelphia.*

RACE PATHOLOGY AND TROPICAL HYGIENE

The suggested section on race pathology touches a field which has heretofore received decidedly inadequate consideration. Aside from the obvious necessity that more scientific attention should be given to the problem of negro mortality in the Southern States, affecting a population of more than ten millions, economically of the utmost importance to the Southern agricultural and industrial interests, the more restricted fields of inquiry into the disease peculiarities of our native Indians, of the Orientals and Mexicans residing within our borders, of the numerous races, pure and mixed, in the Hawaiian Islands, and of the natives of Porto Rico, the Virgin Islands, etc., all suggest the necessity for a separate division of work, in charge of a thoroughly trained expert, whose work should be coordinated, as far as practicable, to the corresponding efforts of the Committee on Race in Relation to Disease of the National Research Council.†

*In curious opposition to its earlier interest in the reporting and of compensation for occupational diseases the American Association for Labour Legislation now minimizes the urgency of legislative action, on the ground that such compensation can adequately be provided for only through compulsory health insurance. The insincerity of this change in view-point is obvious. The present injustice of non-compensation for occupational diseases is not remedied by the promise held out that some time in the future compulsory health insurance may come into existence. Whether occupational diseases in the legal sense are rare or frequent is quite immaterial, as emphasized in the arguments in favour of Federal legislation prohibiting the manufacture of poisonous matches. The small number of deaths resulting from phosphorus necrosis was not a proper argument against the justice and expediency of such legislation. The reason why the American Association for Labour Legislation now makes light of occupational disease compensation is because if such compensation were to become universal no argument whatever would remain for the wrongful proposition that industry should be charged to the extent of two-fifths with the burden of compulsory health insurance for sickness not directly or specifically attributable to occupational activities.

†As a convincing illustration of the thoroughness with which certain problems of tropical medicine are at the present time being considered by our government medical officers, reference may be made to a recent treatise on "Tropical Surgery and Diseases

It is most regrettable that there should thus far not have been a much more active interest in the broader problems of tropical hygiene and sanitation. We require for this country an institute of tropical medicine and hygiene, conforming to the schools of tropical medicine of Liverpool and London and the Wellcome Tropical Research Laboratories of Khartoum and the Malay Institute for Medical Research. As a most promising indication of our progress in this direction, reference, however, may be made to the recently published reports and collected studies of the Institute of Tropical Medicine and Hygiene of Porto Rico for the period 1913-17, including among other contributions two exceptionally valuable papers on "Clinical Studies of Dengue", by W. W. King, and "Observations upon the Skin Diseases of Porto Rico", by the same author. The growth of our foreign commerce with tropical and semi-tropical countries makes it a foregone conclusion that in the near future a much larger number of Americans will be subject to more or less abnormal health and climatic exposure in countries regarding the pathology of which our information is quite fragmentary and otherwise unsatisfactory at the present time. Conversely, there will unquestionably arise a demand for experts in tropical hygiene and sanitation, trained in the United States, for service abroad. The object of the Liverpool School of Tropical Medicine, which was founded in 1898, was to promote "the study of tropical medicine by the investigation of diseases in tropical countries and of providing suitable training for medical officers and others proceeding to the Tropics". The terms of teaching include three courses of instructions annually, of three months' duration, consisting of, first, a daily lecture excepting on Saturdays and Sundays, second, practical laboratory work, third, clinical and pathological work at the Royal Hospital. The Liverpool School, founded in 1899, provides a more elaborate course, including a special section on the hygiene of the tropics, partly with reference to personal hygiene, chiefly the pathological or physiological effects of climates and seasons on the human system and the influence of hygienic surroundings and of habitation, food and drink, clothing, exercise, bathing, as well as rest, employment and recreation. There is a section on general hygiene, inclusive of such subjects as water and water supplies, food and principles of diet, milk, grain, soil removal and disposition of waste matter and the disposition of the dead. Finally, there is a third section on hygiene in relation to towns,

of the Far East", by John R. McDill, M.D., Major, Medical Reserve Corps, U.S.A., London, 1918. This work includes extended observations on China and the Philippines and answers to a questionnaire of fifty-three inquiries sent to countries in and about the tropical zone. There is an exceptionally interesting section on cancer, which confirms the prevailing point of view that malignant disease is relatively very rare among native races.

houses, smoke, stables, hospitals, asylums, jails, leper settlements, factories, plantations, immigrant stations, pilgrim festivals or holiday gatherings, lodging-houses and pilgrim and coolie ships. While considerable progress has been made in this country, especially through the Harvard School of Tropical Medicine,* which has sent out several expeditions to South America, etc., there is the utmost urgency for much broader conceptions as to our national duty and interest in a matter which unquestionably will require more governmental consideration in the near future. If we are to sustain our position as a world power, we must begin *now* to train our men for world as well as for national service, and in no professional field is such training more essential than in tropical medicine and tropical hygiene.

*The Harvard School of Tropical Medicine has issued an unusually interesting and valuable report on its first expedition to South America, made under the direction of Richard P. Strong, M.D. The report includes investigations of the so-called Oroya Fever and Verruga Peruviana. There has also been issued a "Medical Report on the Rice Expedition to Brazil", by Dr. W. T. Councilman and R. A. Lambert, of the Harvard School of Tropical Medicine, Cambridge, 1918. This report is characteristic of perhaps the most useless form of superficial foreign investigations, typical rather of missed than of realized opportunities for scientific research. The report includes some very interesting and useful data, which have to be extracted with difficulty from a mass of irrelevant and almost puerile observations. To those who are familiar with the thoroughly scientific work of Spruce on the Amazon River, who suffered incredible hardships to leave behind a complete record of strictly scientific observations, it must but be a matter of regret that the medical observers attached to the Rice Expedition should not have utilized their exceptional opportunity to better advantage.

In marked contrast to the Rice report are the results of an investigation by Dr. H. Wolferstan Thomas on the Sanitary Conditions and Diseases prevailing in Manaos during the period 1905-09, being the Fifteenth Expedition of the Liverpool School of Tropical Medicine, and made available to me through the courtesy of the International Health Board. The practical utility of a thorough analysis of climatological morbidity data for Manaos and other localities of the Amazon river basin is clearly shown in the discussion of the inverse correlation of malaria, rainfall and wind force in my "Plea and Plan for the Eradication of Malaria Throughout the Western Hemisphere". The immense economic importance of malaria eradication of this section of South America is emphasized in a monograph on "Rubber in Brazil", by A. J. de Souza Carneiro, who points out that "the States of Para and Amazonas and the Acre Territory would long since have reached a population of 3,000,000 had it not been for the havoc that malarial fever and diseases of the digestive organs worked on a population that without even elementary comfort or medical assistance, risked their lives in regions so inhospitable". As a model of a brief but strictly scientific report on this area reference may be made to the "Notes on the Alto Rio Branco, North Amazonas", by R. H. Blake, in the *Journal of the Royal Geographical Society*, May, 1916. See also the preliminary report of the Irvin Expedition of the Indiana University to Peru and Bolivia, *Science*, August 2nd, 1918.

To be continued.

Social Background

Labour and Politics in the United States

THE policy in regard to political action of the American Federation of Labour is very different from that of the Trade Unionist movement in Great Britain. In England the policy has been to create a definite political group which would directly represent the labour viewpoint. The American Federation has been traditionally opposed to the formation of a labour party, and has confined its attention to securing its ends by industrial, not political action. It has, of course, frequently presented its recommendations in regard to legislation, which it desires, to Congress. It is finding it however, a difficult matter to maintain this non-partisan political policy, for Congress has usually the appearance of being politely bored when faced with demands not backed by political power. Mr. Gompers still controls the machinery of the Federation and has the support of the older leaders, but the younger men in the movement have become increasingly restive under this policy. In certain states they have already organized labour parties regardless of Mr. Gompers' attitude on the matter. This revolt of his own followers and the indifference of Congress to his demands, has placed him in an awkward position. He is still strongly opposed to the formation of a third party under labour auspices and the plan which he is adopting is that of endorsing and trying to elect the candidates of either the Democratic or the Republican parties which show themselves favourable to the claims of labour, and as a corollary of this will endeavour to secure the defeat of labour's enemies. This campaign will begin in every state and the records of each public official or candidate will be scrutinized. In districts where both candidates are friendly no action will be taken, but in districts where all candidates are unfriendly, labour will put forward its own candidates.

The result of this effort will be watched with great interest. If the four million members of the Federation would follow the advice of their leaders, there is no doubt that they could control the outcome of the elections. The more radical members in Mr. Gompers' group predict failure for the plan and contend that the only satisfactory way to secure legislation which labour desires is

by the formation of a labour party which will directly represent labour's viewpoint in the political arena. At the last meeting of the American Federation of Labour, Samuel Gompers was re-elected President almost without a dissenting voice. That however, is not an accurate index of the general attitude of United States trade unionists, and there is a possibility that before the Presidential election actually takes place that Mr. Gompers will be politely waved aside and labour parties formed with candidates to contest the Federal and State elections. If this does not take place, and he and the conservative wing are able to maintain the policy at present laid down, unless this policy meets with a considerable amount of success, there is little question that the more radical members will make a determined effort to secure control of the American Federation with the idea of making a decisive change in its traditional policy. The Canadian Trade Unionist Movement has largely followed the British precedent. Its affiliations with the American Federation, however, have also been a powerful influence. Any decided change in policy in the latter would then be bound to react upon the Canadian situation. The trend of events then in the United States will be followed with great interest.

Special Lectures for the Neighbourhood Workers' Association

Given under the auspices of the Department of Social Service of the University of Toronto, 1920. The Lectures will be given in the Social Service Building, 8 Queen's Park, cor. College Street, Thursdays, 3.30-5.15 p.m.

COMMUNITY AND FAMILY PROBLEMS.

March 11th (1)

(a) Standards of Child Placing.

MRS. A. D. FISHER.

(b) The Rise in the Cost of Living as a Social Problem.

PROF. H. MICHELL, *McMaster University*.

March 18th (2)

(a) A Health Programme for Children of Pre-School and School Age.

MR. R. E. MILLS, *Department of Public Health*.

(b) Mental Defect as a Community Problem.

DR. E. J. PRATT, *University of Toronto*.

March 25th (3)

- (a) The Child of the Unmarried Mother.
REV. P. J. BENCH, *Superintendent of Catholic Charities.*
- (b) Case Treatment of the Unmarried Mother.
MISS HAZEL BELL, *Central Office N.W.A.*

April 1st (4)

- (a) Juvenile Delinquency as a Community Problem.
JUDGE H. S. MOTT, *Juvenile Court, Toronto.*
- (b) The Case Treatment of the Deserted Wife.
MISS MARY E. MCPHEDRAN, *Central Office N.W.A.*

April 8th, (5)

- (a) The Neglected Child as a Community Problem.
REV. PETER BRYCE.
- (b) General Principles of Social Case Work.
F. N. STAPLEFORD, *General Secretary.*

April 15th (6)

- (a) What Social Workers Should Know About Their Own Community.
REV. M. C. MACLEAN, *President Central Council N.W.A.*
- (b) State Care of the Widow and her Dependents.
DR. W. A. RIDDELL, *Deputy Minister, Department of Labor, Provincial Government.*

April 22nd (7)

- (a) Social Work in Hospitals.
MISS KNISELEY, *Social Service Department, Toronto General Hospital.*
- (b) Health Insurance and Maternity Aid.
MISS CHARLOTTE WHITTON, *Assistant Editor, Social Welfare.*

April 20th (8)

- (a) The Outlook in Regard to Immigration.
PROF. GILBERT JACKSON, *University of Toronto.*
- (b) Social Hour.



The Provincial Board of Health of Ontario

The 20,158 cases of influenza and pneumonia reported by the Local Boards of Health are by no means all that have occurred in the Province during the month of February, as quite a number of secretaries of Local Boards say many cases in their municipalities had not been reported. While the toll of death—(2,315)—may be considered heavy, it is not nearly so bad as in the first month when the epidemic invaded the Province in October, 1918, causing a little over 3,000 deaths. During the first month of the epidemic the disease had reached its highest point. A marked reduction began in the following months until the outbreak had disappeared from the Province. This will probably be the case this year.

The cases of small-pox reported show a decrease of 305, compared with the month of January, while scarlet fever shows a slight increase and diphtheria an increase in deaths of 14. The epidemic of measles continues, as may be seen by the Comparative Table.

CASES AND DEATHS OF COMMUNICABLE DISEASES REPORTED BY LOCAL BOARDS OF HEALTH FOR THE MONTH OF FEBRUARY, 1920.

COMPARATIVE TABLE.

Diseases	Feb., 1920		Jan., 1920		Feb., 1919	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Small-pox	883	9	1,188	6	41	0
Scarlet Fever	646	24	642	21	337	11
Diphtheria	551	84	636	70	329	32
Measles	1,625	36	1,296	16	21	1
Whooping Cough	168	23	162	19	42	2
Typhoid	42	16	42	12	12	3
Tuberculosis	201	183	145	135	226	144
Infantile Paralysis	2	1	2	0	—	—
Cerebro - spinal Menin- gitis	13	10	8	7	14	13
Influenza	20,158	1,345	669	24	812	812
Primary Pneumonia	970	—	297	—	—	—
	24,287	2,701	4,790	607	1,834	1,018

NOTE.—The cases of influenza and Pneumonia for February, 1919, were not then reported.

JOHN. W. MCCULLOUGH.

**VENEREAL DISEASES REPORTED BY MEDICAL OFFICERS
OF HEALTH FOR FEBRUARY, 1920.**

<i>Diseases</i>	1920	1919
	<i>Cases</i>	<i>Cases</i>
Syphilis	72	85
Gonorrhoea	84	153
Chancroid	2	5
	158	243

NOTE.—It is quite apparent the physicians are not reporting the cases as required by the regulations.

Sleeping Sickness was reported from the following places:

London	2 deaths
Woodstock	2 deaths
Warwick Township	1 death
Ancaster Township	1 death
Guelph	2 cases
Zurrich Township	1 case
Bastard and B.	1 case
S. Crosby	1 case
Embro Village	1 case
Westmeath Township	1 case
Inwood	1 case
Shallow Lake	2 (suspected)

Coming Soon.

National Membership Campaign for 1,000 Members.
You can help.

News Items

A Mental Hygiene Course for Social Workers will be given at the Social Service Department, University of Toronto, April 19th to June 11th, 1920. It is under the auspices of the Canadian National Committee for Mental Hygiene, and will be of a similar nature to that given in the Spring of 1919, when 85 students from all the Provinces of Canada were in attendance.

Instruction is designed to give an initial training that will enable the student to deal with social problems from the mental hygiene standpoint.

The Nineteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis has just been issued and is as usual an interesting and complete survey of the year's progress in the fight against tuberculosis in Canada. The Report contains a complete account of the Proceedings of the meetings of the Association held in Ottawa in October, 1919. Included are interesting and valuable papers by Dr. J. H. Elliott and Dr. H. M. Tovell, of Toronto; Dr. W. J. Dobbie, of Weston, and the very stimulating reports of the President and energetic General Secretary of the Association, Dr. George D. Porter. Everyone should possess a copy and should peruse this most useful report.

A well attended meeting of the Executive of the Ontario Branch of the Canadian National Council for Combating Venereal Diseases, was held in the office of the Director of the Division of Venereal Diseases of the Provincial Board of Health, Toronto, on March 5th last. Dr. Chas. A. Hodgetts of the Department of Health, Canada, was elected President; Dr. D. G. Storms, of Hamilton, Vice-President; Dr. R. R. McClenahan, Provincial Board of Health, Parliament Buildings, Toronto, Secretary, and Mr. L. M. Wood, of Toronto, Treasurer.

Dr. George D. Porter, General Secretary of the Canadian Association for the Prevention of Tuberculosis, addressed a series of meetings in Prince Edward Island during the latter half of March.

Dr. C. K. Clarke and Dr. C. M. Hincks, of the Canadian National Committee for Mental Hygiene, were in Montreal and Quebec during March on the work of the National Committee. The Provinces of New Brunswick and Nova Scotia have requested the Committee to undertake Mental Surveys in those Provinces.

The Canadian National Council for Combating Venereal Diseases through the General Secretary, Dr. Gordon Bates, arranged for the showing of the Venereal Diseases propaganda film, "The End of the Road," in Massey Hall, Toronto, from March 29th, to April 2nd, inclusive.

Coming Soon.

National Membership Campaign for 1,000 Members.
You can help.

Editorials

PUBLIC HEALTH EDUCATION.

EDUCATION and publicity in public health work are essential. Such work should be done, not spasmodically, but continuously; not through one channel, but through many; utilizing to the full each and every method adapted to the end in view.

Personal contact is best. Practical demonstration more valuable than precept alone. Where neither are possible, we have still the educational film, newspapers, pamphlets, books or leaflets. A recent admirable public health book of great merit is, "To-day's World Problem in Disease Prevention," by Dr. John H. Stokes; issued by the Provincial Board of Health of Ontario. A more commendable dissertation on the public health aspects of syphilis and gonorrhoea has seldom been distributed.

All Health Departments, Federal, Provincial and Municipal, should endeavor to provide for a division of Public Health Education and Publicity. Otherwise, only haphazard public health educational and publicity efforts are likely to be made which will yield in the way of substantial results as much as such efforts usually merit!

What business can be successful to-day without advertising? We need to be as thoroughly familiar with what is good for us physically and mentally as we do with reference to the best tires for motor cars or the brand of soap we should use!

PUBLIC HEALTH IN NEW BRUNSWICK.

TO the Province of New Brunswick belongs the credit of being the first community to have a real Ministry of Health. England has recently adopted the same policy—Ontario has a portfolio of health in her new Farmers' Government, a Secretary of Health is one of the newest officials in Washington—but New Brunswick was first in the field, and the Hon. Dr. Wm. F. Roberts the first real genuine Minister of Health.

Progress in public health in New Brunswick has been spectacular. Only two or three years ago public health conditions in the province were at an extremely low ebb. The total expenditures on public health exclusive of the sum of \$110,000 expended on the provincial asylum and \$10,000 on hospitals amounted to the mag-

nificant sum of \$1,600—spent on a contribution towards the salary of the health officer of St. John City, another towards the stipend of the Secretary of the Provincial Board of Health, and \$600 for the provincial laboratory. The various municipalities paid out little or nothing. To jump in the space of less than two years from this modest expenditure to that of an annual sum of about \$130,000 is a chapter in public health progress which is noteworthy indeed.

Public health organization in New Brunswick two years ago was poor. True, there were 32 Boards of Health under the supervision of a Provincial Board. This Board, however, existed more in name than in fact. Local Boards also were inefficient. Expenditures were not made in the name of public health, and practically no real public health work was done.

Such a condition of affairs demands a leader, and fortunately, in February, 1917, when Dr. Roberts was persuaded that his candidature in the local legislature would be to the country's interest that leader was found. Elected member for his riding he was appointed Minister without portfolio, and found himself in a position to give effect to the many progressive ideas and ideals which he was known to cherish as to the improvement of health conditions in his province.

The idea of a portfolio of Health with all its possibilities was new and novel. Dr. Roberts found that even his colleagues in the Government had to be converted to it, and ultimately his plan for the reorganization of health machinery in New Brunswick had to be fought through. Finally, however, ideas and ideals won out. In May, 1918, the Public Health Act was passed, and in October of the same year it was placed on the statute books.

The present organization consists of a Government representative, the Minister; Chief Officer of Health; Chief Medical Officer; Chief of Laboratories; five district Health Officers, all of which constitute what is known as the Bureau, which really was represented under the old regime by the Provincial Board of Health. On account of expense the two offices of Chief Officer of Health and Chief Medical Officer have been combined. The Province is divided into three districts.

The Bureau holds monthly meetings, and is truly representative of all the interests of the Department. Each of the three districts are sub-divided into sub-districts, each sub-district being coterminous with a county. The county organization is made up of a sub-district Board of Health of five members, three of whom are appointed by the county municipality and two by the Provincial

Government. And the personnel of this organization must contain at least one physician. The district health officer for the district is chairman ex-officio of each of the sub-district Boards under his supervision. The sub-district Boards have three services under their district, viz.: Public Health and Sanitation, Medical Inspection of Public Schools, and Vital Statistics. The officials for each of these are appointed by the Sub-district Board, thus eliminating the political factor from all appointments. Several of these appointments before completed must be corroborated by the Chief Medical Officer.

The duties of the Chief Officer of Health comprise Vital Statistics, Sanitary Engineering, Publicity and Education, Food Supervision, Infant and Child Hygiene, and general administration.

The duties of the Chief Medical Officer comprise: Medical Inspection of Schools, Hospitals, Tuberculosis and Venereal Disease control.

A laboratory has been organized and equipped, and for nearly a year it has been possible to undertake practically anything that can be carried out at any of the laboratories in the larger cities. The laboratory work, under the Chief of Laboratories, includes water analysis, tuberculosis, diphtheria, gonorrhoea, milk and foods, typhoid fever, malaria, syphilis, pathology and medico legal work.

A Public Health and Sanitation Service was inaugurated on October 1st, 1918. Medical Inspection of Schools was commenced on August 1st, 1919, and at the present time, in every section of the province where people live, this service is being carried on. Since August 1st there have been vaccinated without extra charge to the province, since this work is done by medical inspectors who are on salary, between thirty and forty thousand school children.

The Vital Statistics Service began January 1st, 1920. There is now a sub-deputy registrar in every parish, town and city in the province. They report to the Registrar-General, who in the organization is the Chief Officer of Health.

It is announced that in a short time a week will be set apart to launch the Venereal Disease campaign, during which time it is expected that every possible factor will be used to bring to the attention of the general public conditions as they exist, as well as governmental plans for coping with these maladies. It is expected the one Sunday of the week in question the Church will co-operate as an auxiliary of the campaign.

Child Welfare work is being undertaken and much assistance is being obtained from the Victoria Order of Nurses. An extra

nurse is being supplied to the Order for their work, and a fraction of the time of all Victorian Order nurses is devoted to Child Welfare work, until such time as it will be possible for the province to embark definitely into this field themselves.

Such in brief is the story of the advances in public health in the Province of New Brunswick during the last two years. Comment on such a striking history of spectacular progress is unnecessary. THE PUBLIC HEALTH JOURNAL congratulates Dr. Roberts on his achievement, and New Brunswick on Dr. Roberts.

THE RED CROSS.

The present issue of the PUBLIC HEALTH JOURNAL is a Red Cross number. International Red Cross—looked upon heretofore as an important auxiliary to the Medical Departments of armies during war has definitely decided to enter on a Peace time programme. This issue is in part devoted to a description of some of the activities in which the Red Cross will lend a helping hand.

It would seem more than logical that the Red Cross should have arrived at its momentous decision. During the never to be forgotten years of the great war the emblem of the Society has spelled mercy and succor to thousands of soldiers and sailors on land and sea. But the tragedies of peace are even greater than those of war and the evolution of preventive measures which will take effect not only for a temporary period, but for all time, is a more noble achievement than the most efficient salvage.

The efforts of the Red Cross will be principally along preventive lines, and in the new field there are tremendous possibilities. Government and municipal departments are doing good work in their official channels. Voluntary organizations, however, must always act as spearheads in the attack on disease, and it would seem that particularly in their sphere the Red Cross should render service. Voluntary organizations there are already at work—but all the Governments and all the voluntary organizations in the world are as yet unable to cope with existing conditions.

Some new organizations are needed; the scope of others should perhaps be more clearly defined; other organizations need help—and undoubtedly in years to come the Red Cross with its extensive and powerful machinery will render invaluable aid in these and other directions. Certainly this new arrival in the public health field is welcome and should give an added stimulus to a movement so fraught with possibilities for human betterment.

To Sir Charles Cameron, Dublin, Ireland

By FREDERICK L. HOFFMANN, LL.D.

I had a glimpse of Ireland;
In a transport of delight,
The memory comes back to me
In the stillness of the night;
When fancy does its mystic work
And things are what they seem;
A semblance of reality
In the wonderland of dreams.

I dined last night in Dublin,
In a house of bygone days;
Mine host was good Sir Charles,
Unspoiled by modern ways.
A proud, but time-stained, hero,
In the fight for better health;
For righteous ways of living,
Disregarding ease and wealth.

By a cheerful open fire,
We sat far into the night;
We discussed on many questions,
In our eagerness for light.
On sanitary progress,
And the fight against the slum—
Of the duty of endurance,
Until our war is won.

Out of the semi-darkness
Came the shadows of the past;
The gentle souls of other days,
Whose visit could not last.
Too frail for earthly sorrows—
Alas! The best die young.
Oh, Lord of Hosts have mercy,
And make us brave and strong!

Then in came the company—
From Belfast to Athlone;
Some ladies fair and beautiful,
Reminding me of home.
A likeness—yet a contrast—
To a time that past recall;
The dead rejoin the living,
Through the paintings on the wall.

I've had a glimpse of Ireland—
Just a fragment of the whole;
Of a people's life and labour,
Of Irish love and soul.
I seem to hear the voices
That want Ireland to be free,
As I look across the waters
Of the storm-tossed Irish sea.

Dublin—Irish Sea—Edinburgh,
September 26th—October 2nd, 1919.

Coming Soon.
National Membership Campaign for 1,000 Members.
You can help.

